



**ONE TEAM,
ONE GOAL,
ONE MISSION**

Application for a Fire Alarm

Development Services

6051 Old Bagdad Highway, Suite 202

Milton, FL 32583

Phone: 850-981-7000

www.santarosa.fl.gov

Division of Community Planning, Zoning and Development

Fax: 850-983-9874

Building Inspection and Code Compliance

Fax: 850-623-1208



Revised February 2014

If your job is located within the city limits of Milton, Holley-Navarre Fire District or Midway Fire District, please do not fill out this application. Please contact the appropriate jurisdiction.

City of Milton: 850-983-5430

Holley-Navarre Fire District: 850-939-5236

Midway Fire District: 850-932-4771

If this is a project for the Santa Rosa County School Board, please contact Tim Tolbert at 850-417-3955.

Submission Requirements:

Please submit two complete sets shop drawings and equipment specifications for fire panel and all devices to be installed.

Fire Sprinkler Sequence of inspections:

1. Rough-in inspection of device placement and wiring.
2. Final test and certification inspection.

Property Information

Property Owner: _____ Job Address: _____
 Parcel Number: _____ City: _____ Zip: _____
 Owner Phone Number: _____ Owner E-mail: _____
 Mailing Address for Property Owner: _____
 City: _____ State: _____ Zip: _____
 Driving Directions to Site From Public Service Complex (6051 Old Bagdad Hwy, Milton): _____

Job Information

<input type="checkbox"/> New or <input type="checkbox"/> Existing <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> New System <input type="checkbox"/> Existing Upgrade/Change Out Cost of Construction: \$ _____ Project #: _____	_____ Number of Stories _____ Square Footage _____ Number of Devices Is the alarm system to be monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give monitoring facility name: _____ If this is a change-out please give a brief description of work to be done: _____ _____ _____ _____ _____ _____
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FIRE ALARM

Contractor

Applicant: _____ License #: _____
 Company Name: _____ Mailing Address: _____
 Phone #: _____ City: _____ State: _____
 Fax #: _____ Zip: _____
 Email Address: _____ Signature of Qualifier: _____

For Office Use

Permit # _____ Application #: _____ Issued Date: _____
 Zoning Classification: _____ Accepted By: _____
 Approved By: _____ Written By: _____